



UTAH HOUSE OF REPRESENTATIVES

2013 CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

1. **Name:** Mike Kennedy

2. **Employment**

Primary employer	Brief description of employment	Occupation or job title
University of Utah Health Care Parkway Health Care	Family Doctor	Same

3. **Entities which you own or of which you are an officer**

[see 2010 Gen. Session, HB 270, pg 13 - (iv)]

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
Timpanogas Regional Hospital - Board of Directors	Credentialing of Doctors - policy for hospital	Health Care

4. **Each entity that has paid \$5,000 in income to you within the one-year period prior to the date of this form. [see 2010 Gen. Session, HB 270, pg 13. - (v)]**

Name of entity	Type of activity conducted by the entity
University of Utah Health Care Parkway Health Care	Health Care

5. **Each entity in which you hold any stocks or bonds having a fair market value of \$5,000 or more as of the date of this form (does not include funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). [see 2010 Gen. Session, HB 270, pg 13 - (vi)]**

Name of entity	Type of activity conducted by the entity
None	

6. **Organization or entity, other than listed above, for which you serve on the board of directors or in any other formal advisory capacity. [see 2010 Gen. Session, HB 270, pg 13 - (vii)]**

Name of entity	Type of activity conducted by the entity	Your position / interest in the entity
Dyslexia Center of Utah	Dyslexia advocacy	Board Member

7. **Real property in which you hold an ownership or other financial interest that you believe may constitute a conflict of interest. (optional) [see 2010 Gen. Session, HB 270, pg 13 - (viii)]**

Description of real property	Description of interest held
None	

8. **Name of spouse and any other adult residing in your household that is not related by blood or marriage. [see 2010 Gen. Session, HB 270, pg 13 - (ix)]**

Katrina Kennedy

9. **Information for your spouse and any other adult residing in your household that is not related to you by blood or marriage, as applicable. [see 2010 Gen. Session, HB 270, pg 14 - (x)]**

Name	Brief description of employment	Occupation
Katrina Kennedy	Homemaker	

10. **Any other matter or interest you believe may constitute a conflict of interest. (optional)**

I serve "of counsel" to the Salt Lake law firm BT&D- Medical record review

I certify that I believe the information provided in this form is true and accurate to the best of my knowledge.

s/Mike Kennedy
(Signature)

11/10/12
(Date)

Received by the Chief Clerk of the House:

s/Sandy D. Tenney
(Signature)

11/14/12
(Date)